

**CENTRAL DISTRICT HEALTH DEPARTMENT
BOARD OF HEALTH MEETING
December 2, 2005**

BOARD MEMBERS PRESENT:

Commissioner Mary Egusquiza, Vice-Chair
Jane Young, RN, ND, CRNP
Betty Ann Nettleton, RN
Russell A. Duke, Secretary

Commissioner Phil Davis
Steve Scanlin, JD, Trustee
Commissioner Fred Lawson

ABSENT:

Dr. Martin Gabica, Chair

GUEST:

Tom Turco

Kathleen Allyn

CENTRAL DISTRICT HEALTH DEPARTMENT (CDHD) ATTENDEES:

Cindy Trail
Meghan Muguira
Mike Reno
Donna Mahan

Rob Howarth
Margaret Ross
Tom Schmalz

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The Board of Health meeting was called to order at 1:13 p.m.

CALL BOARD MEETING TO ORDER – Commissioner Egusquiza

Commissioner Egusquiza, Vice-Chair called the Board of Health meeting to order at 1:13 p.m. and welcomed Mr. Russell Duke to his first meeting along with Kathleen Allyn from Health & Welfare.

ACTION ON 08/26/05 AND 10/4/05 MINUTES - Commissioner Egusquiza

Commissioner Egusquiza asked for a motion on the minutes for August and October.

Motion: Steve Scanlin moved to approve the minutes as presented for August 28, 2005 and October 4, 2005; Betty Ann Nettleton seconded; no discussion; all in favor; motion carried.

DELEGATION OF AUTHORITY TO IMPOSE QUARANTINE AND ISOLATION ORDER - Commissioner Egusquiza

Commissioner Egusquiza asked for a motion on the Delegation of Authority to Impose Quarantine and Isolation order. Steve Scanlin proposed that no specific Director be named, allowing authority to proceed to all future Directors of Central District Health Department.

Motion: Steve Scanlin moved that we adopt the Authority to Impose Quarantine and Isolation order using the generic term 'Director' giving the authority to the current Director and all future Directors at Central District Health Department; Jane Young seconded; no discussion; all in favor; motion carried.

BOARD OF HEALTH 2006 MEETING SCHEDULE - Commissioner Egusquiza

Commissioner Egusquiza asked for a motion and any discussion on the 2006 Board of Health Meeting schedule.

Motion: Commissioner Egusquiza moved to approve the meeting schedule as presented; Jane Young seconded; no discussion; all in favor; motion carried.

JULY TO OCTOBER BUDGET TO ACTUAL - Meghan Muguira

July through October Budget to Actual

The "Budget to Actual" report for July through October was reviewed, comparing fee revenue to the prior two years. Fees represent \$2m of our \$10m budget. Currently we are showing strong fee revenue this year at \$157,000, which is about 7.5% higher than budget. This does not include any flu revenue yet. Contracts are on schedule. The Culinary Walk About in February will add revenue for the fundraising donation.

Under expenditures, we are in good standing with personnel cost. This is a 27 pay period year. We are showing a \$37,400 savings, which is about a .5% savings at this time. Operating cost is \$71,100 under budget; however, we do not anticipate savings at year-end. In Capital, we have restated the budget and the sources for your information.

Due to this month's meeting being early in the month, we are unable to provide November numbers; however, November had no surprises.

NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION AWARD TO TOM TURCO - Rob Howarth

Rob Howarth, along with Mike Reno and Tom Schmalz, presented the prestigious National Environmental Health Association Certificate Merit award to Tom Turco. Tom served as the Environmental Health Director from 1980 – May 2005 and began serving the health district before the structure was in place in 1971.

Tom Turco thanked Mike Reno and Tom Schmalz for putting his ideas into action, the Board for their years of support, Kathy Holley, and the staff.

REVISION OF NUTRIENT-PATHOGEN POLICY - Rob Howarth

The health department was seeking the Board's concurrence with a change to the Nutrient-Pathogen Study policy. A Nutrient-Pathogen (N-P) study is a scientific evaluation of subsurface conditions on a parcel of land. The N-P Study is used to predict the impact that a development using onsite wastewater treatment systems (septic tanks) might have prior to the system being approved and installed. We are primarily concerned about nitrates and pathogens.

In 2001 there was a concerted effort by several state agencies, federal agencies, Districts 3 and 4, and consultants to refine data collection and modeling protocols. The result was a comprehensive N-P guidance document. Over the course of four years, it became apparent we were requiring N-P studies on projects that we could predict the outcome (large lots size meeting criteria) without the test.

The revision would streamline the N-P Program by eliminating requirement to perform N-P studies when lots of five acres or more are proposed and/or three acres or more with approved nutrient-reducing systems (advance treatment technologies). We believe that most sites evaluated using the new policy would "pass" the proposed standards and those that didn't would likely pass with the collection of site-specific data (rather than using estimated values). With District 3's Board of Health passing this same proposal two weeks ago, it would result in a streamline approach for our region if CDHD's Board passes this proposal also.

After a lengthy discussion, Commissioner Davis was prepared to support the policy on a temporary basis. Commissioner Davis stated that DEQ's current model was designed in Ada County and Elmore County; however, it does not work in Valley County. Commissioner Davis would like to see an average being used instead of a set three or five acre lots.

Commissioner Egusquiza asked for a motion on the proposed revision of the Nutrient-Pathogen policy, which basically states that we will not require N-P studies on proposed subdivisions with lot sizes of five acres or more with no treatment and three acres or more with advance treatment. In addition, this will provide a region wide consistent approach.

Motion: Commissioner Davis made a motion to approve the proposed Nutrient-Pathogen policy as a temporary solution with the agreement that continual evaluations will take place in order to improve the process; in addition, the Board of Health would revisit the policy in one year; Steve Scanlin seconded; no discussion; all in favor; motion carried.

Policy Brought before the Board

Steve Scanlin questioned what policies we, the health department, brought before the Board. Mr. Scanlin understood the role of the Board was to set policy but not to micro-manage the agency. Operations policies, how we operate within the agency, generally have not been brought before the Board except for informational purposes. As a board member, Mr. Scanlin will be asked to defend a policy and would prefer to be a part of making the policy up front.

Commissioner Egusquiza requested that Russ Duke provide a guideline at the next Board meeting defining what policies would be brought before the Board of Health for approval.

PANDEMIC DISEASE TABLETOP EXERCISE - Rob Howarth

Central District Health Department will be hosting a tabletop exercise to discuss a pandemic disease scenario on January 11. The participants will include key agency leaders, health care facilities, community response partners, CDHD Board of Health along with county and local elected officials (Ada, Boise, Elmore, and Valley Counties).

The 8:30 to 11:30 a.m. session will be a tabletop exercise with agency officials and a panel of experts from Idaho Department of Health & Welfare, Bureau of Homeland Security, and local emergency management agencies will be available to assist in facilitating the discussion. A functional exercise that will involve individual agencies' emergency operations centers will follow in the afternoon as a follow up on the day's exercise.

AVIAN INFLUENZA/FLU VACCINATION - Cindy Trail

Avian Influenza

Ms. Trail provided an overview of Avian Influenza and conditions that define a flu pandemic, and activities taking place at the local, state, and federal level to prepare for such an event.

There are two Public Policy issues we are facing: what are the respective roles of the private and public sectors to provide antivirals to treat patients; and the storage, distribution and delivery of antivirals and the ethical questions involved regarding delivery to patients. CDHD faces what our role will be in receiving antivirals and providing treatment and prophylaxis in relation to the State's role; and how we will be working with the State regarding isolation and quarantine issues.

Seasonal Flu

Ms. Trail provided information on vaccination activity. This year we ordered 10,710 doses of vaccine from Sanofi Pasteur, which we did receive with our last shipment delivered on November 4. In the beginning, we followed ACIP recommendation for priority groups (high priority). On October 24, we began administering vaccine to the general public. Because many of the providers serving high-risk clients had not received their vaccine, we reallocated about 3,000 doses to them.

Idaho had one flu-associated death in District VI of a person older than 50. In District IV, last week we had one culture positive. Flu is not a reportable disease, so even if someone gets the flu, doctors are not required to report it. The State checks on a weekly basis with sentinel provider offices to see what is going on in influenza like illnesses.

National Vaccine Policy

Steve Scanlin believes strongly in having a national vaccine policy to prevent us from ever having a shortage again. Mr. Scanlin would like to see the Federal government commit to a specific number of doses every year and a plan of distribution.

Motion: Betty Ann Nettleton made the motion that we revisit the seasonal flu vaccine in January; Steve Scanlin seconded; no discussion; all in favor; motion carried.

Pertussis

Ms. Trail provided an update on Pertussis activity in District IV. Between January 1, 2005 and November 30, 2005, Central District Health Department staff investigated 72 confirmed or probably cases of *B pertussis* reported by laboratories and medical practices. Ada County accounted for 55 (76%) of those cases. With one month left in the calendar year, the number of pertussis cases in the District was the second highest in 10 years.

As an agency, we produced three district-wide Health Alert Network (HAN) advisories that were sent to physicians, clinics and health care facilities. Several school letters were sent home to parents when a case was identified in a classroom or school. The most recent HAN, not only reminded physicians of the ongoing pertussis problem, but also highlighted the recent ACIP recommendations on the new adult TDaP (Tetanus, Diphtheria, and Pertussis) boosters.

DIRECTOR'S REPORT - Russell A. Duke

Reporting Structure

Dr. Gabica had requested that a plan for the reporting structure be presented at this Board meeting describing how we would organize given a new Deputy Director position.

Russ Duke reported that he has assumed the responsibility for internal support functions. Ms. Trail will supervise the direct client and population based services. Russ and Cindy will be working closely ensuring that the operational units support needs are being met by the internal support functions, but more importantly, on strategic planning, performance measurement, and public health issues currently not addressed due in part to a lack of funding. Russ will be responsible for legal issues across the organization.

After some discussion, the decision was made that Russ could proceed with this layout; however, the reporting structure would need to be presented again at the next Board meeting so that Dr. Gabica could review it and make a formal approval.

Clandestine Drug Laboratory Cleanup Rule

The Department of Health and Welfare (DWH) will be presenting new rules for cleanup requirements for clandestine drug labs (primarily methamphetamine). Currently all the health districts are included in an interagency clan lab memorandum of agreement. Our role has been limited to providing a list of clean-up contractors and a letter encouraging property owners to clean-up their property.

The new rules will establish a cleanup process by which the DWH will maintain a list of properties where drug labs have been identified. Also, they will maintain a list of cleanup contractors and certified industrial hygienist to do pre-testing and post-testing.

Reportable Disease Rules

The Idaho reportable disease rules are being revised to align the rules with Idaho Food Code with regard to restricting activities of food service employees when necessary to prevent

transmission of disease. The other change of significance is adding Norovirus to the list of reportable diseases.

Vaccine Decision Units

Three decision units will be submitted by the Department of Health and Welfare for funding universal status for the adolescent Tdap (Tetanus, Diphtheria, and Pertussis) and Menactra (meningococcal disease) vaccines. CDHD offers both vaccines. If legislation approves funding for these two vaccines, it will allow us to provide the vaccines to all children through the age of 18 regardless of income and insurance status.

The third decision unit will request funds for vaccine inflationary costs. As a District, it is important that we support universal status.

ADJOURN

Motion: Commissioner Egusquiza made a motion to adjourn; Steve Scanlin seconded; all in favor; motion carried. The meeting adjourned at 3.30 p.m.

Respectfully submitted:

Date:

Commissioner Mary Egusquiza, Vice-Chair

Russell A. Duke, Secretary